

THE COMMONWEALTH OF MASSACHUSETTS

Department of Public Safety
One Ashburton Place, Room 1301
Boston, MA 02108-1618

APPLICATION FOR RENEWAL OF CONSTRUCTION SUPERVISOR LICENSE

NAME

ADDRESS

CITY

STATE

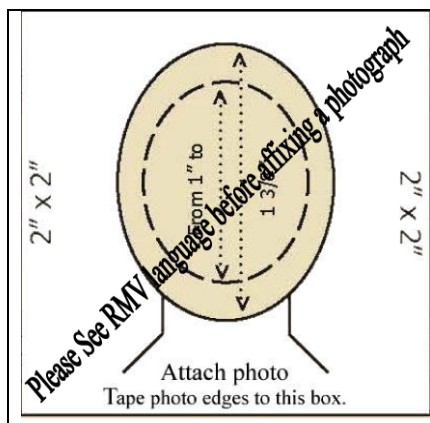
ZIP

OLD ADDRESS

LICENSE NUMBER: _____

RESTRICTION: _____

Licenses not renewed by the expiration date shall become void, and shall after one year be reinstated only by re-examination of the licensee (780 CMR 110.R5.2.4).



AUTHORIZATION FOR RELEASE OF RMV INFORMATION:

My signature below, authorizes the Department of Public Safety to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

MA- RMV photo release signature

Otherwise please submit a color Passport Photo 2x2 inches in size taken within the past 6 months showing current appearance. Tape photo on edges to the box on the left with clear tape.

If you have any other construction related state, city, or town licenses or registrations (including Massachusetts Home Improvement Contractor Registration – HIC), please fill in the following information:

Type of license/registration	Issued by	License/registration number	Expiration date	Name of license/registration holder

Please enclose a check or money order made payable to the **Commonwealth of Massachusetts** for the required renewal fee of \$100.00. **DO NOT MAIL CASH.** Write the license number on the front of the check or money order.

Mail the completed renewal form with payment and photograph to:

Department of Public Safety

CSL Renewal

PO Box 414376

Boston, MA 02241-9376

I hereby certify under the pains and penalties of perjury that to the best of my knowledge and belief the information above is correct and that I have filed all state tax returns and paid all state taxes required by law and complied with all laws of the Commonwealth relative to the withholding and payment of child support.

Signature of Applicant

Date